

MAGNUS PHARMACEUTICALS

# Methandienone

Methandienone 10mg

**Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.**

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor, pharmacist or nurse.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in this leaflet.

## About

Methandienone is a derivative of testosterone, modified so that the hormone's androgenic (masculinizing) properties are reduced and its anabolic (tissue building) properties preserved. Having a lower level of relative androgenicity than testosterone, Methandienone is classified as an "anabolic" steroid, although quite a distinct androgenic side is still present. This drug was designed, and is principally sold, as an oral medication, although it can also be found in a number of injectable veterinary solutions. Methandienone is today, and has historically been, the most commonly used oral anabolic/androgenic steroid for physique and performance-enhancing purposes.

## Side Effects (Estrogenic)

Methandienone is aromatized by the body, and is a moderately estrogenic steroid. Gynecomastia is often a concern during treatment, and may present itself quite early into a cycle (particularly when higher doses are used). At the same time water retention can become a problem, causing a notable loss of muscle definition as both subcutaneous water retention and fat levels build. Sensitive individuals may therefore want to keep the estrogen under control with the addition of an anti-estrogen such as Nolvadex and/or mesterolone Proviron. One may alternately use an aromatase inhibitor like Arimidex (anastrozole), which is a more effective remedy for estrogen control. Aromatase inhibitors, however, can be quite expensive in comparison to standard estrogen maintenance therapies, and may also have negative effects on blood lipids.

It is interesting to note that Methandienone is structurally identical to boldenone, except that it contains the added c17-alpha-methyl group. This fact makes clear the impact of altering a steroid in such a way, as these two compounds appear to act very differently in the body. A key dissimilarity seems to lie in the tendency for estrogenic side effects. Equipoise (boldenone undecylenate) is known to be quite mild in this regard, and users commonly take this drug without the need to add an anti-estrogen. Methandienone is much more estrogenic, often necessitating anti-estrogen use. But this difference is not caused by Methandienone being more easily aromatized. In fact, the 17-alpha methyl group and c1-2 double bond both slow the process of aromatization considerably. The issue actually is caused by Methandienone converting to 17alpha-methylestradiol, a more biologically active form of estrogen than estradiol.

## Side Effects (Androgenic)

Although classified as an anabolic steroid, androgenic side effects are still common with this substance. This may include bouts of oily skin, acne, and body/facial hair growth. Anabolic/androgenic steroids may also aggravate male pattern hair loss. Individuals sensitive to the androgenic effects of Methandienone may find a milder anabolic such as Deca-Durabolin to be more comfortable. Women are additionally warned of the potential virilizing effects of anabolic/

androgenic steroids. These may include a deepening of the voice, menstrual irregularities, changes in skin texture, facial hair growth, and clitoral enlargement.

While Methandienone does convert to a more potent steroid via interaction with the 5- $\alpha$  reductase enzyme (the same enzyme responsible for converting testosterone to dihydrotestosterone), it has an extremely low affinity to do so. The androgenic metabolite dihydrotestosterone, it has an extremely low affinity to do so. The androgenic metabolite 5- $\alpha$  dihydromethandrostenolone is produced only in trace amounts, so the relative androgenicity of Methandienone is not significantly affected by finasteride or dutasteride.

## Side Effects (Hepatotoxicity)

Methandienone is a c17- $\alpha$  alkylated compound. This alteration protects the drug from deactivation by the liver, allowing a very high percentage of the drug entry into the bloodstream following oral administration. C17- $\alpha$  alkylated anabolic/androgenic steroids can be hepatotoxic. Prolonged or high exposure may result in liver damage. In rare instances life-threatening dysfunction may develop. It is advisable to visit a physician periodically during each cycle to monitor liver function and overall health. Intake of c17- $\alpha$  alkylated steroids is commonly limited to 6-8 weeks, in an effort to avoid escalating liver strain.

Studies have shown that several weeks of Methandienone administration offers minimal hepatic stress so long as it is given at a dosage of 10 mg per day or below. At a dose of 15 mg per day, a majority of patients will begin to demonstrate disturbed liver function as measured by clinically elevated bromosulphalein retention (a marker of hepatic stress). Even at 2.5 and 5 mg per day, elevations in BSP retention have been reported in patients. Severe liver complications are rare given the periodic nature in which most people use oral anabolic/androgenic steroids, although cannot be excluded with Methandienone, especially with high doses and/or prolonged administration periods.

The use of a liver detoxification supplement such as Liver Stabil, Liv-52, or Essentiale Forte is advised while taking any hepatotoxic anabolic/androgenic steroids.

## Side Effects (Cardiovascular)

Anabolic/androgenic steroids can have deleterious effects on serum cholesterol. This includes a tendency to reduce HDL (good) cholesterol values and increase LDL (bad) cholesterol values, which may shift the HDL to LDL balance in a direction that favors greater risk of arteriosclerosis. The relative impact of an anabolic/androgenic steroid on serum lipids is dependant on the dose, route of administration (oral vs. injectable), type of steroid (aromatizable or non-aromatizable), and level of resistance to hepatic metabolism. Methandienone has a strong effect on the hepatic management of cholesterol due to its structural resistance to liver breakdown and route of administration. Anabolic/androgenic steroids may also adversely affect blood pressure and triglycerides, reduce endothelial relaxation, and support left ventricular hypertrophy, all potentially increasing the risk of cardiovascular disease and myocardial infarction.

To help reduce cardiovascular strain it is advised to maintain an active cardiovascular exercise program and minimize the intake of saturated fats, cholesterol, and simple carbohydrates at all times during active AAS administration. Supplementing with fish oils (4 grams per day) and a natural cholesterol/antioxidant formula such as Lipid Stabil or a product with comparable ingredients is also recommended.

## Side Effects (Testosterone Suppression)

All anabolic/androgenic steroids when taken in doses sufficient to promote muscle gain are expected to suppress endogenous testosterone production. Methandienone is no exception, and is noted for its strong influence on the hypothalamic-pituitary-testicular axis. Clinical studies giving 15 mg per day to resistance-training males for 8 weeks caused the mean plasma testosterone level to fall by 69%.<sup>468</sup> Without the intervention of testosterone stimulating substances, testosterone levels should return to normal within 1-4 months of drug secession.

Note that prolonged hypogonadotropic hypogonadism can develop secondary to steroid abuse, necessitating medical intervention.

## Administration (General)

Studies have shown that taking an oral anabolic steroid with food may decrease its bioavailability. This is caused by the fat-soluble nature of steroid hormones, which can allow some of the drug to dissolve with undigested dietary fat, reducing its absorption from the gastrointestinal tract. For maximum utilization, this steroid should be taken on an empty stomach.

## Administration (Men)

The original prescribing guidelines for Methandienone called for a daily dosage of 5 mg. This was to be administered on an intermittent basis, with the drug taken for no more than 6 consecutive weeks. Thereafter, a break of 2 to 4 weeks was advised before therapy was resumed. For physique- or performance-enhancing purposes, the drug is also used intermittently, with cycles usually lasting between 6 and 8 weeks in length followed by 6-8 weeks off. Although a low dose of 5 mg daily may be effective for improving performance, athletes typically take much higher amounts. A daily dosage of three to six 5 mg tablets (15-30 mg) is most common, and typically produces very dramatic results. Some venture even higher in dosage, but this practice usually leads to a more profound incidence of side effects, and is generally discouraged.

Methandienone stacks well with a variety of other steroids. It is noted to mix particularly well with the mild anabolic Deca-Durabolin, for example. Together one can expect exceptional muscle and strength gains, with side effects not much worse than one would expect from Methandienone alone. For sheer mass, a long-acting testosterone ester like enanthate or cypionate can be used. With the high estrogenic/androgenic properties of this androgen, however, side effects should be more pronounced. Gains would be pronounced as well, which usually makes such an endeavor worthwhile to the user. As discussed earlier, ancillary drugs can be added to reduce the side effects associated with this kind of cycle.

The half-life of Methandienone is only about 3 to 5 hours. A single daily dosage schedule will produce a varying blood level, with ups and downs throughout the day. The user, likewise, has a choice, to either split up the tablets during the day or to take them all at one time. The usual recommendation has been to divide them and try to regulate the concentration in your blood. This, however, will produce a lower peak blood level than if the tablets were taken all at once, so there may be a trade-off with this option. Both options work fine, but anecdotal evidence seems to support single daily doses as being better for overall results. With such a schedule, it seems logical that taking the pills earlier in the day would be optimal. This would allow a considerable number of daytime hours for an androgen-rich metabolism to heighten the uptake of nutrients, especially the critical hours following training.

## Administration (Women)

Being moderately androgenic, Methandienone is really only a popular steroid with men. When used by women, strong virilization symptoms are possible. Some do experiment with it, however, and often find low doses (2.5-5 mg) of this steroid quite effective for new muscle growth. Studies have demonstrated that a majority of women will notice acne, which is indicative of androgenicity, at a dosage of only 10 mg per day. Children are likely to notice virilizing effects with as little as 2.5 mg per day.